

American Optometric Association NEWS



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Volume 47

October 27, 2008

No. 6

Senate leaders commit to combating vision loss

While an estimated 80 million Americans may already have a potentially blinding eye disease, the number of Americans who are blind or visually impaired is expected to double by 2030. Knowing that half of all vision loss is preventable, Sens. Chris Dodd (D-Conn.) and George Voinovich (R-Ohio) have introduced the AOA-backed Vision Preservation Act (S. 3534) in the U.S. Senate with the aim of moving America toward a full-scale integrated public health strategy to comprehensively address vision loss.

Mirroring legislation introduced in the House last year (H.R. 3750) by Rep. Gene Green (D-Texas), chair of the Congressional Vision Caucus (CVC), the measure would bring greater visibility to, and needed support for, federal programs to prevent and manage vision loss.

H.R. 3750/S. 3534 would direct the Secretary of Health & Human Services, acting through the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the National Institutes of Health, to expand and intensify programs to increase awareness of vision problems and address their causes.

To this end, the Vision Preservation Act would expand vision loss prevention initiatives; expand vision programs under the Maternal and Child Health Service Block Grant Program; increase access to care for the underserved, minority, and other populations; and include an expansion of vision-rehabilitation professional development grants.

The AOA has worked with leaders in Congress to ensure that provisions in the Vision Preservation Act also evaluate strategies to reduce current barriers to access of optometric treatment and would lead toward the development of voluntary guidelines to ensure the quality of vision screenings and appropriate referral for comprehensive eye exams.

"While final passage of the Vision Preservation Act in the 110th Congress is uncertain, the AOA will continue to work with a growing number of 'Optocrats' on Capitol Hill to ensure that vision loss in America is given the attention it deserves in the 111th Congress," said Jon Hymes, AOA Washington office director.

Survey shows Americans neglecting eye health

AOA on campus



AOA President Peter H. Kehoe, O.D., visits with students Davina Kuhnline (left) and Jinghui Zhang at Nova Southeastern University College of Optometry on Oct. 8. Dr. Kehoe and Sam Pierce, O.D., member of the AOA Student and New Graduate Committee, visited with students and faculty and discussed the importance of individual involvement in organized optometry at the state and national level. Dr. Kehoe's daughter, Alexandra, is a second-year student at the NSU College of Optometry.

Too many Americans are not paying enough attention to their eye-sight and overall eye health, according to the AOA 2008 American Eye-Q® survey released this month.

The survey identifies attitudes and behaviors of Americans regarding eye care and assesses public knowledge and understanding of a wide range of issues related to eye and visual health.

This year's survey showed that most Americans—81 percent of respondents—wear contact lenses, eyeglasses or both.

At the same time, however, 26 percent have not visited an eye doctor or eye care specialist within the past two years.

Sixty percent of non-users (those who do not wear corrective lenses or who have not had eye surgery) have not visited an eye doctor or eye care specialist within the past two years.

"Every adult should have a comprehensive eye exam at least every two

See Survey, page 6

Building the Paperless Practice: AOA's Electronic Health Records Seminar

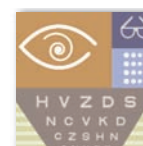
www.aoa.org/paperless.xml

President's Column
Handing over the keys



3

Spotlight on AOA Members
Championing children's care
with annual
InfantSEE® Day



9

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Fact Sheets

Easy to understand text and interesting facts with well drawn illustrations.



Pamphlets

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Answer to Your Questions Series

These easy to read pamphlets help answer patients eye care questions.

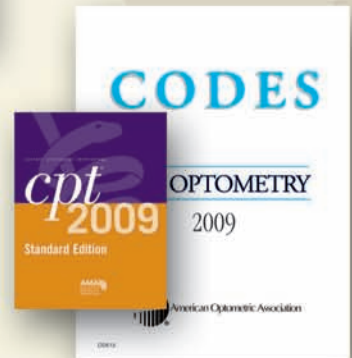
Educational Material

NEW interactive CD with teachers guide included. Also, several pamphlets written for children's specific vision care.



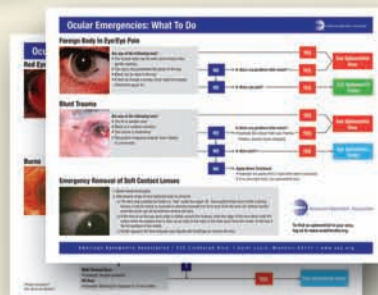
Code Books

A list of codes to aid in submitting Medicare and third party insurance claims.



HIPAA Forms

Notice of Privacy Practices and Patient Authorization forms available in English and Spanish.

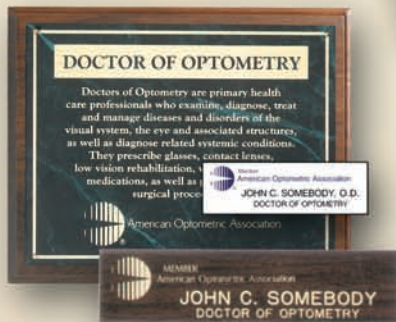


Public Awareness Ocular Emergency Card

A flow chart of responses for typical emergencies that can occur in school or sports settings.

Letterhead

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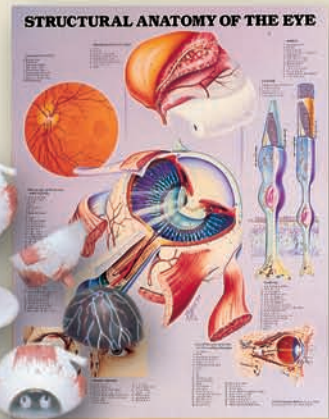
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PRESIDENT'S COLUMN

Handing over the keys

Traditionally, selling your practice as you neared retirement was the goal of most independent/entrepreneur optometrists. You would have built your business and ultimately received a fair price for the sale of the practice, and the proceeds would become a significant portion of your retirement assets or income.

For several years, we've been hearing about the challenges in transitioning a practice from a senior doctor to a junior doctor around the country. Our industry partners have recognized this and suggest that possibly several hundred viable optometric practices literally close their doors each year rather than being transitioned to a new independent optometrist.

As the organization that represents optometrists in all practice settings, it is critical from our perspective that independent practices (optometrist owner) remain viable and transition to new owners whenever possible.

There are at least two important reasons why the AOA has taken on this issue. First, a successful transfer of ownership will hopefully ensure that the optometric patients of that practice remain as optometric patients. And secondly, the viability of our profession requires that opportunities exist in all practice settings for those seeking new opportunities.

The AOA worked closely over the last couple of years with several industry partners and business experts to develop the foundation for the new Practice Transitions Program.

I was able to attend the first program at the recent EastWest Eye Conference in Cleveland. As an optometrist who has been on the buying side of three offices and the partial selling side (to hopefully ensure a smooth retirement transition some day many years from now) as well, I can only hope that every optometric owner and future owner will take a day and learn the fundamentals of how, AND WHEN, to transition their practice at the future programs that will be offered around the country in coming months.

The majority of entering students in optometry school

your potential "mate," then you have to learn about each other and really understand the needs, wants and desires of each other to be sure that you are a good fit. Then you need the support of your family. In the case of buying or selling a practice, having your spouse involved helps to ensure that unrealistic expectations aren't being established.

And your family extends to your accountant, lawyer, office staff and most likely a business broker, or practice management consultant to help you through all the hoops necessary to make the transaction successful.

As the organization that represents optometrists in all practice settings, it is critical from our perspective that independent practices (optometrist owner) remain viable and transition to new owners whenever possible.

want to own their own practice. The majority of graduating seniors from optometry school want to own their own practice. Our goal with the AOA's Practice Transitions program is to help all the potential sellers and buyers find each other and successfully complete a transition of ownership.

Having real-life experiences with multiple practice transactions myself, I can assure you that, like any good marriage, desire will take you only so far.

First you have to find

The one-day Practice Transitions programs offered around the country will not be the magic bullet all by itself.

However, the programs will hopefully springboard more of our colleagues to start thinking about transitioning their practice more than a few months before retirement.

One of the key components of a successful transition is starting the transition when the practice is still in a growth or strong financial phase rather than the wind-down phase.

The Practice Transitions



Dr. Kehoe

Committee met recently to review the first program and will be developing additional tools and materials to supplement the one-day programs. The AOA and our state and regional affiliates will work closely to help potential sellers and buyers come together to ensure the successful transition of any independent optometric practice.

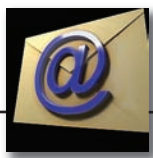
If you are two months, two years or 20 years away from retirement, or think you might someday like to own your own practice, I encourage you to watch the AOA News and www.AOA.org for upcoming Practice Transitions programs.

I started the process when I was in my early 40s, and it remains one of the wisest decisions I've made in my career. My advice, just like the financial advisers: You can never start too early thinking about ownership or retirement.

To our profession's success,

P.S: PLEASE be sure to visit my blog: www.PetesAOABlog.com to share your thoughts on this, or any other topic you feel is important.

American Optometric Association News (ISSN: 0094-9620) is published 18 times per year by Elsevier Inc., 360 Park Avenue South, New York, NY 10010. Months of issue are once monthly in January, June, July, August, November, and December and twice monthly in February, March, April, May, September and October.
Business Office: 11830 Westline Industrial Drive, St. Louis, MO 63146.
Editorial Office: 243 N. Lindbergh Blvd., St. Louis, MO 63141.
Accounting and Circulation Offices: 6277 Sea Harbor Drive, Orlando, FL 32887-4800.
Domestic subscriptions: \$97. International subscriptions: \$126.
Customer service: 800-654-2452 (US and Canada) or 407-363-9661 (other countries).
Periodicals postage paid at New York, NY and at additional mailing offices.
POSTMASTER: Send address changes to American Optometric Association News, Elsevier Periodicals Department, 6277 Sea Harbor Drive, Orlando, FL 32887-4800.



LETTERS TO THE EDITOR

Honor, caring

Editor:

Thank you for running the terrific article written by Cpl. Charlotte Barrow about her experiences in Iraq (AOA News, Sept. 22). Barrow expressed tremendously well the privilege of serving our service members where a caring provider is most appreciated.

She writes that she sometimes feels that she is not doing her part in Iraq compared to the soldiers, Marines, and airmen whose jobs place them at greater risk, but I know that Barrow's contribution is immeasurable to those who come to her clinic... or find her bringing a mobile clinic to them!

Optometrists across America may be surprised to know that over the past five years, 95 Army, Army Reserve, or National Guard optometrists have served extended tours in Iraq and Afghanistan, mostly 12 to 15 months in length.

Another 20 Air Force optometrists have deployed to Afghanistan, and more than 60 Air Force and Army ophthalmologists have served in these war-torn countries.

Additionally, Navy optometrists serve throughout the year in Qatar, and their service is heavily tasked with humanitarian missions that send Navy optometrists around the globe.

Within Iraq and Afghanistan, for every eye care professional, another two opticians and two ophthalmic technicians have deployed to work as teams that serve the U.S. military and our allies across the theater of operations.

And, it is noteworthy that 20 percent of our eye care personnel work within the prisons that hold our enemy, gaining high praise from the Red Cross for their compassion. Last week, a demon-

stration of teamwork came to me in a report from five Army opticians who run a small optical laboratory in the heart of Iraq.

Working at least six days a week, they had fabricated more than 24,000 glasses and optical inserts during the past year. Reports just as impressive arrive on my desk weekly.

But most surprising, and perhaps so readily portrayed in Barrow's article, is the most common feeling among the officers and enlisted who provide care in this war zone.

Ask them, and you'll find they speak of the honor they feel in caring for our service members, doing their best to help so many of our men and women in uniform return home safely and whole.

Col. Neil Glenesk, O.D., M.B.A., U.S. Army
Office of the Surgeon General
Falls Church, Va.

EHR Seminar supporter

Editor:

I have learned that the AOA is putting on additional Electronic Health Records Seminars in Baltimore and San Francisco. Based on my personal experience, I want to encourage all optometrists, even those who are not considering the implementation of EHR in their office at this time, to attend the seminar.

I attended the EHR seminar in Dallas last year with

the attitude that I was attending simply to be able to inform the Florida Optometric Association membership of EHR and its impacts on our profession. My personal plan was to wait until the Dec. 31, 2013, deadline to implement EHR in my own office.

In attendance at the Dallas EHR seminar were offices representing all aspects of EHR use, ranging from practitioners like me who came only to get an understanding of what EHR was all about to the computer savvy office that already had EHR and wanted to see what was new and on the horizon.

I was so amazed at what EHR offers in production gains from office staff and the technological advances available to enhance patient care that I am now using one of the EHR systems in my own office.

I found the EHR seminar helpful because of the broad range of vendors in attendance and the actual use of live EHR systems during the presentation. No matter where you are in this technological maze or the size of your practice, I am convinced you will find the EHR seminar very informative and useful to your practice even if you ultimately decide not to implement EHR in your practice at this time.

R. Andrew Wiles, O.D.
President, Florida Optometric Association
Saint Augustine, Fla.

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Gallery style prints offer high-end patient education

To enhance patient care and education efforts, the AOA is introducing three new, striking components that complement the Eye Disease Awareness and Management program.

Digitally painted, museum-grade canvas gallery prints focused on glaucoma, macular degeneration and diabetic retinopathy are now available.

These large-format, 20-inch by 24-inch 'gallery-wrapped' prints feature important visual messages that create an AOA-member-branded collection to enhance patient counseling.

Prints arrive with hardware and are ready to hang with no framing costs.

The prints may be purchased individually or as a collection, depending on the needs of the office space.

The prints cost \$89 each.

Order item # GP-1: Gallery Print - Glaucoma

Order item # GP-2: Gallery Print - Macular

Degeneration

Order item # GP-3: Gallery Print - Diabetic Retinopathy

To order, contact the Order Department at 800-262-2219.

TAKE CONTROL of Glaucoma Today For Healthy Vision Tomorrow



NORMAL VISION

What is Glaucoma? A group of eye diseases which:
 • Together, comprise the third most common cause of blindness in the U.S.
 • Damage the optic nerve, which carries images we see to the brain
 • Usually develop without pain or symptoms
 • Gradually cause "tunnel vision" and permanent vision loss



MODERATE GLAUCOMA

What causes Glaucoma?
 • Fluid circulates inside the front of the eye and normally flows out through a drainage system
 • When fluid outflow is blocked or excess fluid is produced, eye pressure increases, which may lead to optic nerve damage



ADVANCED GLAUCOMA

Symptoms: These vary depending on type of Glaucoma
 • Primary open-angle glaucoma often develops slowly and painlessly, without warning signs
 • Acute angle-closure glaucoma with rapid pressure build up, is often accompanied by blurred vision, colored rings around lights (halos) and severe pain or redness in the eyes

Diagnosis: A comprehensive eye exam by your Doctor of Optometry may include:
 • Tonometry, a simple and painless procedure which measures internal eye pressure
 • A visual field assessment that measures the health of your retina and peripheral vision
 • An evaluation of the optic nerve
 • Pachymetry, which measures corneal thickness and helps confirm eye pressure accuracy

Treatment:
 • Early detection and treatment are paramount, and "Taking Control" of glaucoma earlier can reduce the chance of permanent vision loss
 • Prescription eye drops are most common first line of treatment and must be taken regularly
 • In some cases, laser therapy or surgery may be necessary
 • Low vision rehabilitation services may benefit patients with severe vision loss

Doctors on the Frontline of Eye and Vision Care



HEALTHScapes

AOA First Look

In a benefit exclusively for AOA members, the AOA has teamed up with *U.S. News and World Report* to provide a daily e-mail summary of health care and ophthalmic news titled "AOA First Look." Editors from a division of *U.S. News* scan the Web and compile digest articles of news most likely to interest optometrists. AOA members and optometry students who already receive association e-publications should be receiving AOA First Look now. If not, check your spam-blocking settings and add FirstLook@AOA.custombriefings.com to your address book. If your network administrator or Internet service provider requests it, you can provide the sending IP address: 65.240.141.95 for whitelisting. To sign up, send an e-mail to addresschange@aoa.org.



VA Secretary salutes AOA for supporting wounded warrior rehabilitation program

The AOA earned special recognition in September from the U.S. Department of Veterans Affairs (VA) for taking a leadership role in the 2008 National Veterans Sports Clinic, a health rehabilitative event for more than 100 veterans/athletes recovering from wounds suffered in Iraq or Afghanistan. The clinic was held in venues around San Diego, Calif., from Sept. 28

through Oct. 3.

Participating veterans/athletes have endured combat-related traumatic brain, spinal cord injuries, amputations and other mobility impairments or post-traumatic stress disorder.

Given that eyes need to be protected from UV rays, AOA volunteers serving on the Professional Relations and Industry Relations committees, in conjunction with

Marchon, provided veterans participating in events like sailing, cycling, surfing, kayaking and track and field with access to protective eyewear.

Citing the AOA's support for America's wounded warriors and the partnerships that made the event possible, VA Secretary James B. Peake, M.D., noted in a Sept. 29 statement that "[f]or many injured veterans this sports

clinic will provide their first exposure to recreational sports after being injured."

The sports clinic is one of the first national rehabilitation events offered by the VA to promote the healing of the body, mind and spirit of wounded veterans, an objective the AOA and individual ODs across the nation are committed to achieving.

"Our military and veterans health colleagues provide

outstanding care to our current and former servicemen and women, and all of optometry honors those who answer our nation's call to serve," said AOA President Pete Kehoe, O.D. "We're proud to work with the president, Secretary Peake and leaders in Congress to make programs like the National Veterans Sports Clinic successful and we will continue to do so."

PQRI status look-up tool available

The Centers for Medicare & Medicaid Services (CMS) announced that a new "self-service look-up tool" is now available on the agency's Physician Quality Reporting Initiative (PQRI) Web portal (www.qualitynet.org/pqri).

The new online service allows eligible health care professionals who participate in the PQRI to see if their 2007 PQRI Feedback Reports are available.

Once on the site, health care providers should scroll down to the "Verify TIN Report Portlet" text box, which is located at the bottom left of the page, and enter their Tax Identification Number (TIN). A message will then appear indicating if a 2007 PQRI Feedback Report is available.

Optometrists are advised that the self-service look-up tool will not allow a health care professional to view the 2007 PQRI Feedback Report itself. However, the service will enable providers to decide if they need to immediately register for an Individuals Authorized to Access the CMS Computers Systems (IACS) account so that they can log into the PQRI Portal and view the feedback report.

To find out if the PQRI report is available, the provider must enter the same TIN that was used to submit Medicare claims and PQRI quality data codes for dates of service July 1 - Dec. 31, 2007, the CMS emphasizes.

Health care professionals can also call the CMS's QualityNet Help Desk at 866-288-8912 from 7 a.m. to 7 p.m. CST, or at Qnetsupport@ifmc.sdps.org. Like the online service, QualityNet Help Desk representatives can only inform providers if a 2007 PQRI Feedback Report is available; they cannot disclose information in the reports.

The online report look-up tool and additional information, including the *Medicare Learning Network Matters Special Edition* articles "Steps for Individual Eligible Professionals to Access Their 2007 Physician Quality Reporting Initiative (PQRI) Feedback Reports Personally (SE08300)" and "Steps for Organizations to Access Their 2007 Physician Quality Reporting Initiative (PQRI) Feedback Reports (SE0831)," can be accessed online on the AOA PQRI Web page at www.aoa.org/PQRI.xml.

AOA partners with CMS to host national e-prescribing summit

The AOA partnered with the Centers for Medicare & Medicaid Services (CMS) and a number of other leading health care organizations to host a first-of-its-kind national conference on electronic prescribing (e-prescribing). The Oct. 6-7 summit, held in Boston, Mass., assembled a wide array of stakeholders to address the potential of e-prescribing to improve the quality, safety and efficiency of health care in the United States.

AOA Federal Relations Committee member, Roger Jordan, O.D., was joined by more than 1,400 health care professionals and industry leaders at the innovative two-day conference. Featured guests included U.S. Department of Health & Human Services Secretary Michael Leavitt, Sen. John Kerry (D-Mass.), Former House Speaker Newt Gingrich, Massachusetts Gov. Deval Patrick and Rhode Island Gov. Donald Carcieri.

In numerous sponsor-led breakout sessions, discussions covered issues ranging from strategies for integrat-

ing e-prescribing with current health care delivery practices to e-prescribing standards and certification as well as privacy, security and risk management implications. In addition, CMS Acting Administrator Kerry Weems focused on a newly enacted federal e-prescribing incentive program established in recently enacted Medicare fee fix legislation, a major impetus for the conference.

As part of a five-year program established under the AOA-backed Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), ODs and other eligible professionals who meet federal requirements as successful electronic prescribers will receive a 2 percent bonus for 2009 and 2010; 1 percent for 2011 and 2012; and 0.5 percent for 2013. The new incentive program is in addition to the quality reporting program known as the Physicians Quality Reporting Initiative (PQRI).

Similar to the PQRI incentive, the e-prescribing incentive reporting periods are one year in length, and the incentive is based on the

covered professional services furnished by eligible professionals during the reporting year.

In addition, MIPPA requires that quality measures reported for purposes of qualifying for the PQRI incentive payment not include e-prescribing measures.

Bonuses are typically distributed to successful electronic prescribers in the year after the reporting period—for example, ODs who are successful electronic prescribers in 2009 will receive their 2009 bonus payment in 2010.

However, beginning in 2012, those who are not successful e-prescribers will be subject to a penalty in the form of a percentage reduction in their Medicare physician fee schedule payment.

To learn more about the CMS e-prescribing incentive program, visit www.cms.hhs.gov/PQRI/Downloads/PQRIePrescribingFactSheet.pdf. For more information about e-prescribing, visit: www.aoa.org/x9951.xml

Survey, from page 1

years, but it's even more important for people who already use corrective lenses," said James Kirchner, O.D., chair of the Communications Group Executive Committee. "Too often we see people who have put off eye exams because they assume they just need a different lens prescription, when they really have a more serious problem. With eye diseases and disorders, as with most health issues, early detection and treatment are often the keys to avoiding permanent problems."

Most Americans are unaware that comprehensive eye exams can detect more than just vision problems.

Sixty-two percent didn't know that signs of diabetes may be detected by an optometrist.

Other diseases and conditions that respondents did not realize may be detected through a comprehensive eye exam include hypertension (not recognized by 71 percent), brain tumors (75 percent), cancer (78 percent), cardiovascular diseases (80 percent) and multiple sclerosis (90 percent).

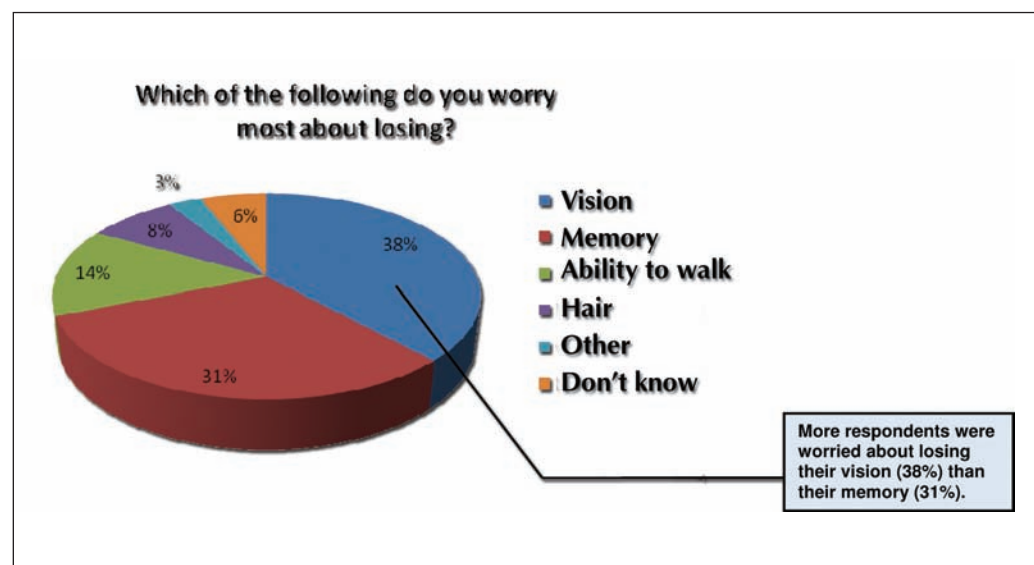
Aging eyes

Baby boomers need to pay particular attention to eye problems. The AOA recommends annual eye examinations for people older than 60. Americans born between 1946 and 1964 are at the stage when vision problems often begin. But these changes don't have to compromise a person's lifestyle.

According to the American Eye-Q® survey, 72 percent of respondents age 55 and older began experiencing changes in vision either before age 40 or between the ages of 40 and 45.

These respondents' top concerns about the effects of vision problems include not being able to live independently, cited by 48 percent; losing the ability to drive, 23 percent; and being unable to read, 21 percent.

More than a third of all



respondents did not know the effects of macular degeneration, the leading cause of blindness in the United States. The effects include blindness, increased risk of heart attack and stroke, hypertension and diabetes.

Health problems in other parts of the body can affect vision as well. Individuals with diabetes or hypertension, or people taking certain medications that have eye-related side effects, are at greater risk for developing vision problems.

Therefore, regular comprehensive eye exams are especially important later in life, when more people develop these types of chronic conditions and begin taking medications more frequently.

Unfortunately, some people over 60 experience loss of sight beyond the normal, age-related vision changes.

The good news is that more than half of survey respondents were aware of many of the risks of age-related eye diseases. The bad news is that the survey revealed limited understanding of the fact that without treatment, some eye diseases result in blindness.

The American Eye-Q® survey revealed how respondents age 55 and older are addressing their age-related vision problems.

More than half, or 60 percent, said they schedule frequent eye exams; 28 percent said they limit their night driving; 29 percent are increasing the nutrients necessary for healthy eyes; and 9 percent purchase books and other materials in large print.

Nearly 20 percent of men are not taking any measures to help them manage age-related eye problems while 93 percent of women are taking steps to help deal with aging eye conditions.

Children's eyes

The survey indicates more than eight in 10 children do not receive their first eye exam within the first year of life as recommended by the AOA.

Nearly 40 percent first receive a comprehensive eye exam at age 5 or older.

A third of parents do not purchase sunglasses for their children. Children's eyes are highly susceptible to permanent damage from ultraviolet

rays early in life.

The survey also showed:

- ❖ 87 percent underestimate the number of children with undetected vision problems in the United States

- ❖ The average awareness level of the effects of uncorrected vision problems during early childhood hovers just above 50 percent

- ❖ More than 50 percent are unaware that eye injuries are the biggest cause of vision loss in children

- ❖ Most are aware that uncorrected vision problems in children can lead to loss of vision (66%), fewer are aware that behavioral (55 percent) and emotional (51 percent) problems can arise as well.

Common misconceptions and other findings

As in past Eye-Q® surveys, Americans continue to value their ability to see.

Most respondents indicated that they worry about losing their vision (38 percent) more than their memory (31 percent), their ability to walk (14 percent) or their hair (8 percent).

Many respondents also held misconceptions about behaviors that can damage the eyes.

For example, 71 percent incorrectly believe that reading under dim light can cause eye damage. Other misunderstandings about the causes of eye damage included sitting too close to the television, cited by 66 percent; and rubbing the eyes.

Nutrition is one promising means of protecting the eyes. However, respondents are unaware of what to eat to help their eyes.

For example, only 2 percent of respondents correctly chose spinach as the best food for one's eye health.

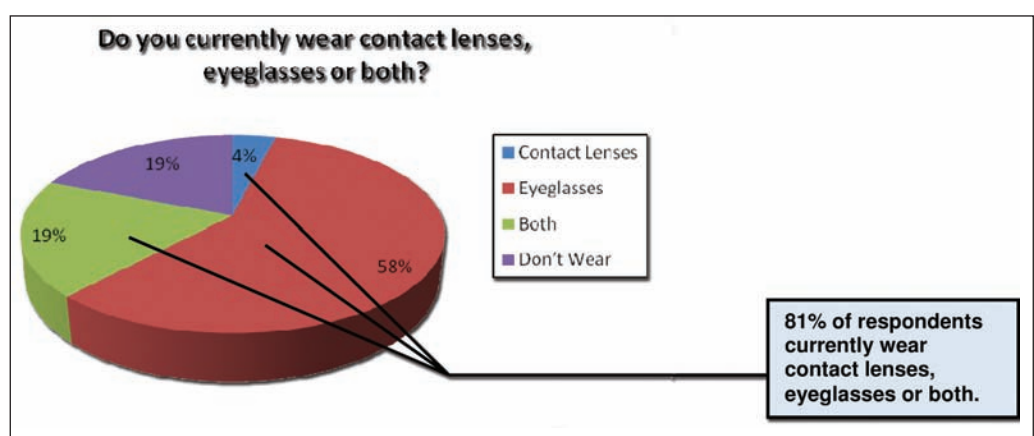
Almost half, or 48 percent, believe the misconception that carrots are best for their eye health. Lutein and zeaxanthin, found in dark green leafy vegetables including spinach, help to protect against cataracts and age-related macular degeneration.

The survey also found nearly seven in 10 respondents do not wear protective eyewear when participating in contact sports. Hispanics and those ages 18-29 were groups more likely to wear protective eyewear (41 percent).

Fun facts

Americans consider their eyes and eyesight important for reasons beyond health and vision.

The survey indicated that 32 percent of respondents report they receive more compliments on their eyes than other features, and 42 percent said they consider color to be their eyes' best attribute. Just more than a quarter of respondents believed their vision was the best feature about their eyes.



Visit www.youtube.com/watch?v=NMPuBIMRauO to view an American Eye-Q® video (also featured on AOL Video). For additional information, visit www.aoa.org.

Study demonstrates in-office vision therapy yields best results in treating convergence insufficiency

While the majority of eye care professionals treat children diagnosed with convergence insufficiency (CI) using some form of home-based

therapy, a new study shows that office-based vision therapy along with at-home reinforcement is more effective.

The research, reported in the Oct. 13 issue of *Archives*

of *Ophthalmology*, was funded by the National Eye Institute (NEI), part of the National Institutes of Health.

The 12-week study, known as the Convergence

care professionals with the research they need to improve the quality of care for children with this condition that affects so many, yet often goes undetected and untreat-

Only 43 percent of patients who completed home-based pencil push-ups alone showed similar results, as did 33 percent of patients who used home-based pencil

AOA on campus



AOA participated in the student-run Western Regional Conference Sept. 29 at Southern California College of Optometry in Fullerton, Calif. From left: Clare Halleran; SCCO AOSA Trustee-Elect Saysia Blazier; SCCO AOSA Trustee and WRC Chair Grant Hardan; chair of AOA's Information & Member Services Group and Michigan Optometric Association President, Barbara Horn, O.D., Washington, Mich.; member of the AOA Student and New Graduate Committee Annie Hu, O.D., Marina Del Rey, Calif.; and member of the Board of Directors of AOA-PAC Kenneth Lawenda, O.D., Marina Del Rey, Calif. Dr. Horn lectured to optometry and pre-optometry students about the challenges and rewards of opening a practice cold.



AOA President Peter H. Kehoe, O.D., updated Nova Southeastern University faculty on AOA activities at a lunch sponsored by AOA at Nova Oct. 8. Front row, from left: Zoeanne Shinas, O.D.; Maria Mandese, O.D.; Annette Bade, O.D.; Julie Tyler, O.D. Back row left to right: Ken Seger, O.D.; Janet Leasher, O.D.; Hua Bi, O.D., Ph.D.; Joseph Sowka, O.D.; Michael Bacigalupi, O.D.; Dr. Kehoe; Sam Pierce, O.D.; Alexandra Espejo, O.D. (Back) Linda Rouse, O.D.; David Loshin, O.D., Ph.D.; and Laurie Bergman. (Photo courtesy of Nova Southeastern University Health Professions Division.)

“As this study shows, once diagnosed, convergence insufficiency can be successfully treated with office-based vision therapy by a trained therapist along with at-home reinforcement. This is very encouraging news for parents, educators, and anyone who may know a child diagnosed with CI.”

Insufficiency Treatment Trial (CITT), found that approximately 75 percent of those who received in-office vision therapy by a trained therapist plus at-home treatment reported fewer and less severe symptoms related to reading and other near work.

“Most ODs when they graduate from optometry school have enough training to perform basic in-office vision therapy for CI,” said principal investigator Mitchell Scheiman, O.D., of the Pennsylvania College of Optometry at Salus University near Philadelphia, Pa.

Symptoms of CI include loss of place, loss of concentration, reading slowly, eye-strain, headaches, blurry vision, and double vision.

CI affects approximately 5 percent of school-age children and is the most common vision disorder in children other than the need for eyeglasses. Until recently, treatment options for this hidden eye problem had not been rigorously studied.

“This NEI-funded study is the first of its kind to compare the effectiveness of treatment options for convergence insufficiency, which affects about one to two children in every classroom in America,” said Paul A. Sieving, M.D., Ph.D., director of the NEI. “This study will provide eye

ed.”

Of the nine study centers, six were affiliated with optometry schools and three with ophthalmology centers. The CITT, which included 221 children age 9 to 17, is the first to compare three forms of vision therapy and a placebo therapy option.

The first therapy was the current treatment standard known as home-based pencil push-up therapy, an exercise in which patients visually followed a small letter on a pencil as they moved the pencil closer to the bridge of their nose. The goal was to keep the letter clear and single and to stop if it appeared double.

The second group used home-based pencil push-ups with additional computer vision therapy.

The third attended weekly hour-long sessions of office-based vision therapy with a trained therapist and performed at-home reinforcement exercises.

The last group was given placebo vision activities designed to simulate office-based therapy.

After 12 weeks of treatment, nearly 75 percent of children who were given the office-based vision therapy along with at-home reinforcement achieved normal vision or had significantly fewer symptoms of CI.

push-ups plus computer therapy and 35 percent of patients given a placebo office-based therapy.

“There are no visible signs of this condition; it can only be detected and diagnosed during an eye examination,” said Dr. Scheiman.

“However, as this study shows, once diagnosed, CI can be successfully treated with office-based vision therapy by a trained therapist along with at-home reinforcement,” Dr. Scheiman said. “This is very encouraging news for parents, educators, and anyone who may know a child diagnosed with CI.”

A 12-month follow-up study is being conducted to examine the long-term effects of these CI treatments.

In addition, Dr. Scheiman says further studies will examine the link between successful treatment of CI using office-based vision therapy and reading fluency and further explore the potential of home-based computer therapy.

Further information about the reported trial, NCT 00338611, can be found at www.clinicaltrials.gov.

Optometry schools and colleges play growing role in community health centers

Joint efforts by community health centers (CHCs) and optometry schools and colleges are proving highly effective in increasing access to eye care among underserved populations, according to a trio of articles in the October edition of *Optometry: Journal of the American Optometric Association*.

A new study finds 11 of America's accredited 17 schools and colleges of optometry now collaborate with CHCs to provide eye and vision care in underserved neighborhoods, towns, and rural areas.

The availability of full-time, on-site optometric care in community health centers can be highly important to ethnic/racial minorities and economically disadvantaged populations that CHCs are designed to serve, the articles note.

Underserved and minority populations have higher rates of eye and vision problems and often less favorable outcomes than the general population, according to numerous studies.

In addition, studies find such populations have higher prevalence rates of chronic diseases, such as diabetes, which may be manifest in the eye.

At present — due to a variety of statutory, budgetary and administrative factors — only about one in five of the nation's 1,200 community health centers offer on-site optometric care.

However, affiliation agreements between health centers and optometry schools can be effective in addressing access problems and could provide the key to expanding eye and vision care services to additional CHCs around the nation, according to Jim Hunt, president and chief executive officer of the Massachusetts League of Community Health Centers.

League members have worked with the New England College of Optometry



Discussing the growing opportunities for optometry in community health centers, during a conference at the AOA Washington office, are (from left): Alicia Kerry-Jones, AOA assistant director of government relations; Jon Hymes, AOA Washington office director; Kelly Hipp, AOA director of professional relations; Michael R. Duenas, O.D., of the Lighthouse for the Blind; David Danielson, AOA associate director of federal government relations; John Whitener, O.D., chief of staff for the National Commission on Vision and Health; Roger Wilson, O.D., vice president of the New England Eye Institute; Barry Barresi, O.D., Ph.D., executive director of the AOA, and Jim Hunt, executive director of the Massachusetts League of Community Health Centers.

(NECO) and its clinical system, the New England Eye Institute (NEEI), to develop the largest network of not-for-profit, community-based eye care vision clinics in the nation. NEEI's 12 CHC affiliates collectively provide more than 55,000 eye visits annually and provide the college a comprehensive community-based venue for the delivery of clinical education.

Hunt was among a panel of public health experts convened by the AOA Community Health Center Committee in Washington, D.C., earlier this month to discuss how eye and vision care might better be made available to underserved populations.

Expansion of optometric services in CHCs across the nation will most likely require both traditional and innovative solutions to overcome barriers to care, agreed panel participant Roger Wilson, O.D., the NEEI's vice president for health center programs, chair of the AOA Community Health Center Committee and co-author of this month's *Optometry* articles.

However, when those

barriers can be overcome, optometric services in CHCs provide a number of benefits for patients, care providers, and the centers, Hunt and Dr. Wilson agreed.

Growing opportunities

Innovative models, such as as NEEI's first wholly owned and operated eye care practice within a CHC, provide new business opportunities for optometrists, panel members noted.

The New England Eye Roslindale (NEER) practice, including a dispensary, opened last year in a two-story building owned by a CHC in Boston.

Under the lease agreement, NEER practitioners can see any patient who seeks care, independently market its services to the community, and strike agreements with other organizations in the area — while still seeing CHC patients.

The practice provides NEEI with greater revenue diversification as well as enhanced clinical and practice management experiences for faculty and students.

OD shares lessons learned at 1st Practice Transitions program

At the first AOA Practice Transitions program held in Cleveland, Ohio, in conjunction with the EastWest™ Eye Conference on Oct. 1, attendees gleaned valuable tips from a young OD who successfully purchased a practice. AOA Practice Transitions is designed as a comprehensive one-day course that covers the fundamental steps to successful change management.

Based on her personal experience, Susan L. Gayer, O.D., presented "Negotiating a Successful Buy-In: My Story."

After graduating from the Indiana University School of Optometry in 2001, Dr. Gayer was employed at a private practice before deciding to buy her own practice. She found what she was looking for at a practice that had been owned by several people over the years in Worthington, Ohio.

"The OD who currently owned it was working part time and wanted to stay that way," said Dr. Gayer.

Negotiations for Dr. Gayer's buy-in took about seven months from start to finish.

Dr. Gayer ran into challenges along the way and learned a lot from her experience.

"The first bank strung me along and reneged at the last minute," said Dr. Gayer. "The second bank loan was contingent on my parents cosigning."

Dr. Gayer lined up her own accountant and attorney, who caught things in the offered contract that were unacceptable.

Dr. Gayer also found that the practice had been neglected — stock included trial lenses with 1992 expiration dates.

"Overall, everything went smoothly," said Dr. Gayer. "There was no animosity."

Dr. Gayer wrote letters of introduction to area ophthalmologists and was able to rehire an excellent employee.

"I also chose a new name for the practice that reflected my love for my community," said Dr. Gayer. "It would also allow me to bring in an associate."

Dr. Gayer renamed the practice Cardinal Family Eye Care.

Based on her experience, Dr. Gayer offered her "Top Five Recommendations":

- ❖ Talk to multiple financial institutions about your business loan
- ❖ Find a lawyer and accountant experienced in the sale of doctors' offices
- ❖ Consider hiring a company to evaluate the practice
- ❖ Evaluate existing employees — try to find one existing who employee will help you learn the history of both the practice and the patients.
- ❖ Make the most of available resources — Ohio Optometric Association (or other affiliate) and AOA Web sites

The AOA Practice Transitions program is supported by Alcon, Bausch & Lomb, CIBA Vision, Essilor, Hoya, Johnson & Johnson Vision Care, Inc., Luxottica Group, Marchon, Optos, Transitions, VSP and VisionWeb.

For more information, visit www.aoa.org/practice-transitions.xml.



SPOTLIGHT ON AOA MEMBERS

Championing children's care with annual InfantSEE® Day

When it comes to championing the cause of the InfantSEE® program, Carole Hong, O.D., who practices in San Carlos, Calif., is enthusiastic to help out. Dr. Hong spearheaded the second annual InfantSEE® day at Family Vision Care, the practice she shares with Kristina Stasko, O.D., and Macson Lee, O.D., on July 29.

"Our office has always promoted national observances, especially August as National Children's Vision and Learning Month," said Dr. Hong. "Last year we decided we would start with focusing just one day on the importance of infants' vision and that this community awareness campaign might just have lasting effects for the whole year."

On that day, Dr. Hong's practice focused on offering no-cost vision assessments to infants 6 to 12 months old for the entire day.

The office also provided refreshments, gift bags with educational materials about infants' vision development, and an InfantSEE® bracelet, along with complimentary infant sunglasses with 100 percent ultraviolet protection.

The doctors shared statistics that emphasize the critical need for the program and the importance of parent awareness:

- ❖ 1 in 10 children is at risk from undiagnosed vision problems
- ❖ 1 in 30 children will be affected by amblyopia—a leading cause of vision loss in people younger than 45
- ❖ 1 in 25 will develop strabismus—a risk factor for amblyopia

bismus—a risk factor for amblyopia

- ❖ 1 in 33 will show significant refractive error such as myopia, hyperopia and astigmatism
- ❖ 1 in 100 will exhibit evidence of eye disease—e.g., glaucoma
- ❖ 1 in 20,000 children will have retinoblastoma—the seventh most common pediatric cancer

"We tried to think about how to further promote InfantSEE® in our community this second year," said Dr. Hong. "We made up special flyers, talked to patients, offered free on-site workshops for preschool parents, made presentations at mothers' clubs, advertised about the special day in mothers' club newsletters and sent press releases to all local media contacts. All along, we try to build awareness of how critical vision is to overall development and to reading and learning."

As part of Family Vision Care's promotion of InfantSEE®, Dr. Hong appeared on the local San Francisco ABC affiliate's mid-afternoon program "View from the Bay."

"What parents don't know is that the most rapid time that your eyes develop is actually in the first year between the ages of 6 and 12 months," Dr. Hong told the audience.

While on the program, Dr. Hong performed an InfantSEE® assessment on an 11-month-old and demonstrated different tests that can be used to assess infants' vision.



Carole Hong, O.D., who practices in San Carlos, Calif., assesses a youngster's vision as part of her InfantSEE® day activities.

To view the segment, visit http://abclocal.go.com/kgo/story?section=view_from_the_bay/health_fitness&id=6294305.

The InfantSEE® public relations team of Manning Selvage & Lee also helped Dr. Hong with outreach to bloggers.

"That really sent the Internet chatter going," said Dr. Hong. "This form of education, a sort of viral marketing, has been another way to reach out to our community."

Dr. Hong and her colleagues in practice see an average of one infant a week as part of the InfantSEE® program.

"Fortunately, I've seen fairly normal infants," said Dr. Hong. "Some have a family history of an eye turn or high myopia, so I educate them about what to look for. It's an opportunity to educate parents about developmental milestones, prevention of vision problems, how critical vision is to their child's success and to let them know when to come in for their next well-vision exam."

Dr. Hong is pleased with the success of her

InfantSEE® day.

"The public cannot hear enough about the InfantSEE® program," said Dr. Hong.

"They may hear it once, but that's not enough to remember it. This is just one small way to bring attention to InfantSEE® and how important it is to have a baby's vision checked at an early age. Celebrating with an annual InfantSEE® Day is a win-win for everyone."

The InfantSEE® program was created through a joint effort between the AOA and the Vision Care Institute™, a division of Johnson & Johnson Vision Care.

For more information about the InfantSEE® program, or to sign up as an InfantSEE® provider, e-mail infantsee@aoa.org, call 800-365-2219, ext. 4286, or visit www.aoa.org.



Trying to make sense of a world that's suddenly half-red and half-green.

Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association. Got a story to share? Drop a line to RAFoster@aoa.org.

Coding corner

10 steps needed for medical documentation with E/M codes

"If it isn't documented, it hasn't been done"

—Common adage regarding the use of evaluation and management (E/M) codes.

With optometrists continuing to play an increasingly important role in the diagnosis and treatment of eye health conditions, proper use of the American Medical Association's Current Procedural Terminology (CPT) Evaluation and Management (E/M) codes is becoming increasingly important to the accurate reporting of care to Medicare and other public and private insurance programs.

The 99000 series codes are used by physicians to report evaluation and management services including but not limited to patient history, a focused exam and/or medical decision-making.

Particularly when optometrists are called on to diagnose and treat symptoms of possible eye disease such as glaucoma, macular degeneration or diabetic retinopathy, the 99000 E/M codes may provide an appropriate alternative to the CPT 92000 General Ophthalmological Services codes that are most often used by optometrists to report care.

However, optometrists should be mindful that when using the E/M codes, detailed and specific documentation is extremely important.

Concise medical record documentation is critical to ensuring patients are provided quality care as well as to ensuring that providers receive accurate and timely reimbursement for furnished services, the U.S. Centers for Medicare & Medicaid Services (CMS) noted in its recently issued Evaluation and Management Services Guide.

The medical record must chronologically document the care received by the patient and is required to specify per-

tinent facts, findings, and observations about the patient's health history including past and present illnesses, examinations, tests, treatments, and outcomes. Done properly, that medical record documentation will assist physicians and other health care professionals in evaluating and planning the patient's immediate treatment and in monitoring the patient's health care over time.

Third-party payers need properly documented medical records to determine if the diagnostic and/or therapeutic services meet the requirements of the patient's insurance plan with respect to:

- ❖ The site of service;
- ❖ Medical necessity and appropriateness and
- ❖ Accuracy of reporting.

To ensure that medical record documentation is accurate, the following principles should be followed:

- 1) Medical record should be complete and legible
- 2) Documentation of each patient encounter should include:

- ❖ Date and reason for encounter: AKA: Chief Complaint

- ❖ Appropriate history and physical exam

- ❖ Review of lab, x-ray, and other ancillary services

- ❖ Assessment and plan of care

- 3) Past and present diagnoses should be accessible to the treating and or consulting physician

- 4) Reasons for and results of x-rays, lab tests and other ancillary services should be documented or included in the medical record

- 5) Relevant health risk factors should be identified

- 6) Patient's progress, including response to treatment, change in diagnosis and patient noncompliance, should be documented

- 7) Plan of care should include, when appropriate, treatments and medications, specifying frequency, dosage,

referrals, and consultations, patient/family education and follow-up instructions

- 8) Documentation should support the intensity of the patient evaluation and or treatment, including thought processes and the complexity of medical decision-making

- 9) All entries to the medical record should be dated and authenticated

- 10) The CPT/ICD-9- CM codes reported on the health insurance claim form or billing statement should reflect the documentation of the medical record

A more detailed discussion of the E/M codes and proper documentation will be featured in the Practice Strategies section of an upcoming issue of *Optometry: Journal of the American Optometric Association*.

A comprehensive explanation of the E/M codes can be found in the AMA's CPT 2008 Standard Edition coding guide, which can be purchased through the AOA Order Department as part of the AOA's Codes for Optometry package by calling 800-262-2210 or logging onto the AOA Web site Order Department page (www.aoa.org/x4795.xml).

Coding and billing notes

IRS now docking Medicare payments — Beginning this month, health care providers who owe back taxes to the U.S. Internal Revenue Service (IRS) could find their Medicare payments reduced.

The Taxpayer Relief Act of 1997, Section 1024, authorizes the IRS to reduce some federal payments, including Medicare reimbursements, to provide for the collection of overdue taxes, effective Oct. 1, 2008.

Deduction of back taxes from a Medicare payment will be reflected in remittance advice with a provider level adjustment code (PLB) of "WU" in the PLB03-1 data field.

For additional information see Medicare Learning Network Matters Article MM 6125, which can be accessed online at www.cms.hhs.gov/MLNMattersArticles/downloads/MM6125.pdf

Coding for care in academic settings — The U.S. Centers for Medicare & Medicaid Services (CMS) has issued a new edition of its Guidelines for Teaching Physicians, Interns and Residents. Revised in July 2008, the publication provides information on payment for physician services in teaching settings, general documentation guidelines, and evaluation and management documentation guidelines. It can be downloaded on the CMS Medicare Learning Network at www.cms.hhs.gov/MLNProducts/downloads/gdlinesteachgresfctst.pdf.

Coding Today, an AOA-approved provider of online coding assistance, offers subscribers tutorials on the use of E/M codes as well as computerized help with the selection of appropriate codes.

The CMS's new **Evaluation and Management Services Guide** can be downloaded online under the MLN Web Guides heading at www.cms.hhs.gov/MLNEdWebGuide.

Coding Corner is a regular AOA News feature developed by the AOA Eye Care Benefits Center's Correct Coding Trends Committee to answer questions commonly posed by optometrists regarding coding and billing. AOA members with questions should contact Sheila C. Dwyer, at scdwyer@aoa.org or 703-837-1344 or 800-365-2219, ext. 1344.

Paraoptometric Section seeks CE articles

The AOA Paraoptometric Section (PS) Online Continuing Education Committee is looking for articles on any topic of interest that would provide education to paraoptometricians.

Each year, the PS provides six hours of free continuing education opportunities for paraoptometricians through articles posted on the AOAPS member Web site (www.aoa.org/x4859.xml).

Authors can help other paraoptometricians benefit from their knowledge by sharing expertise in a specific optometric area. Potential authors need not be published or seasoned writers.

The Online Continuing Education

Committee will provide mentorship and guidance on writing a 1,500-word article.

The committee is looking for articles on any topic that would provide education to paraoptometricians on practice management, contact lens, glaucoma, or any topic related to day-to-day job responsibilities.

Articles may be written for basic, intermediate or advanced levels of knowledge.

Authors with lecturer experience will also be invited to join the Speakers' Bureau, and the \$50 fee will be waived.

For more information on guidelines for authors, contact the PS manager at JVMurphy@aoa.org or call 800-365-2219, ext. 4222.

Ophthalmic Council celebrates 10th anniversary

The AOA Ophthalmic Council met for its annual retreat on Sept. 24 - 25 and marked the 10th anniversary of the group, which serves as an informal forum for the leaders of the ophthalmic industry and the AOA to communicate their respective ideas and concerns while enhancing and advancing the ophthalmic industry to better serve patients and consumers.

"It is satisfying to take a moment to pause and celebrate the 10th anniversary of the Ophthalmic Council," said AOA President Peter Kehoe, O.D. "It is a milestone to be proud of. Our members, and most importantly, their patients, have benefited from the contributions of time and money each of the participating companies have provided through the years. I am excited to consider where this partnership will take optometry in the next 10 years and beyond."

A company's participation in the Ophthalmic



From left, chair of the Ophthalmic Council, Howard J. Braverman, O.D.; Carol Alexander, O.D. (Vistakon); Richard Clompus, O.D. (Vistakon®); Dave Sattler (Alcon); Aziz Mottiwala (Allergan); Gary Brooks (VSP); Joe Barr, O.D. (Bausch & Lomb); Wally Lovejoy (Luxottica); Mike Daley (Essilor); Henry Sand (Luxottica); Ed Buffington (Marchon/OfficeMate); Ian Lane (Marchon/OfficeMate); Cheryl Johnson (VSP); AOA President Pete Kehoe, O.D.

Council begins with sponsorship support of projects or programs—either with a single sponsorship or collective support in several areas—as well as a demonstrated consistency with the AOA's goals and practices.

"I am grateful for your support of the profession," Howard Braverman, O.D., chair of the Ophthalmic Council, told Ophthalmic Council participants at the meeting. "Our members benefit from the ongoing dialogue we engage in throughout the year. But most important is the benefit that ultimately reaches the patients whom we serve every day."

At the meeting, Ophthalmic Council participants were honored for their commitment to the AOA and optometry.

Representing their respective companies were:

- ❖ Dave Hansen, O.D., Advanced Medical Optics (AMO)
- ❖ Dave Sattler, Alcon
- ❖ Aziz Mottiwala, Allergan
- ❖ Mike Pier, O.D., and Joe Barr, O.D., Bausch & Lomb
- ❖ Kevin Roe, O.D., CIBA Vision
- ❖ Harvard Sylvan, O.D., CooperVision
- ❖ Mike Daley and Howard Purcell, O.D., Essilor of America, Inc.

- ❖ Joe Boorady, O.D., Eyemaginations
- ❖ Barney Dougher, Hoya
- ❖ Heather Richardson and Jeremy Thornton, Kemin Health
- ❖ Henry Sand and Wally Lovejoy, Luxottica Group
- ❖ Ed Buffington and Ian Lane, O.D., Marchon Eyewear
- ❖ Tom Daniells and Karen Hansen, Optos
- ❖ Beth Kneib, O.D., and Dawn Holsted, O.D., TLC

Vision

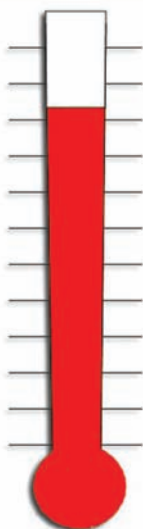
- ❖ Carole Brattieg and Connie Falvo, Transitions
 - ❖ Gary Brooks and Cheryl Johnson, VSP
 - ❖ Carol Alexander, O.D., and Richard Clompus, O.D., Vistakon, Division of Johnson & Johnson, Vision Care, Inc.
- Representatives from Liberty Sport and VisionWeb were unable to attend the meeting, but were honored for their participation.

Dr. Braverman was also recognized for the time and energy he devoted to the cause of optometry through industry relations.

"I am grateful to each of you who have devoted time away from your work to join us for this year's retreat," said Dr. Kehoe. "It is yet another illustration of the deep commitment our industry participants continue to make to the AOA, its membership and the profession of optometry."

**AOA-PAC 2008 Election Cycle
Contribution Goal
Jan 1, 2007 – Dec 31, 2008**

\$2,000,000.00



AOA-PAC is nearing its goal, with \$1.7 million raised so far. To contribute, or learn more, visit www.aoa.org/aoa-pac.xml.



Ethical Issues in Contact Lens Practice

Four video vignettes and a quiz

The American Optometric Association is pleased to offer free online continuing education to our members through this innovative program, generously supported by an educational grant from CIBA Vision.

This course was developed by the AOA Ethics & Values Committee and is COPE-approved for one credit hour continuing education in the category of Ethics /Jurisprudence.

To get started, visit www.aoa.org/x10837.xml.






Advanced Medical Optics

Alcon

Allergan

Bausch & Lomb

CIBA Vision Corporation

CooperVision

Essilor of America

Eyemaginations

HOYA Vision Care

Johnson & Johnson Vision Care, Inc

Kemin Health

Liberty Sport

Luxottica Group

Marchon Eyewear

Optos

TLC Vision Corporation

Transitions Optical

VSP Vision Care

VisionWeb

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: Transitions Optical

Transitions Optical, Inc. is committed to raising awareness about the need for healthy sight and offers a range of programs to support optometrists and their staff in their efforts to educate patients.

Through its **Partners in Education™** program, Transitions provides doctors and dispensers with comprehensive and scientifically validated information to supplement their knowledge base on a range of topics, including ultraviolet (UV) and glare protection, the ocular effects of medications and the impact of diabetes on the eye.

Through the program, optometrists can also access a wide range of patient education tools to aid them in delivering messages about these aspects of healthy sight to patients.

Understanding that doctors' time is limited, Transitions Optical has also put in place a number of programs to help educate patients before they even reach the exam room.

For example, the company is seizing education opportunities made possible through its partnership with the **PGA Tour**.

The partnership includes a four-year title sponsorship of the PGA Tour event at Innisbrook Resort and Golf club, designated the Transitions Championship For Healthy Sight, and an official marketing partnership, naming Transitions® lenses the official eyewear of the PGA Tour, Champions Tour and Nationwide Tour.

Since professional and amateur golfers – and even spectators of the sport – can all understand the importance of healthy sight for optimal athletic performance, Transitions is launching a program to connect with them in a relevant way.

Improve Your Vision, Improve Your Game will provide consumers with information linking healthy sight to athletic performance. It will include point-of-sale materials, educational tools and a Web site featuring a downloadable widget that will offer healthy sight and golf tips, enhancing vision on and off the course.

More information is available at www.Transitions.com/golf.

Transitions Optical is also continuing its efforts through the **Transitions® Healthy Sight for Life Fund** to ensure more people know how to achieve healthy sight.

Through the fund, five organizations have recently been awarded community grants, including:

- ❖ Butler County Association for the Blind
- ❖ Camden Eye Center's Sight First for Kids program
- ❖ The Center for the Partially Sighted
- ❖ Deicke Center for Visual Rehabilitation
- ❖ Vision Health International

The community grant program was created to provide one-time funding and other support for eye care professionals, optical laboratories, local charity groups and regional associations that are seeking to promote healthy sight in their communities.

Proposals for community grants are accepted and awarded on a rolling basis year-round through the "For Professionals" section of the fund's Web site, www.HealthySightforLife.org.

Learn more about all of Transitions Optical's efforts to promote healthy sight at www.Transitions.com.

Transitions initiative addresses healthy sight in workplace

Transitions Optical, Inc. is broadening its overall healthy sight initiative to reach human resource (HR) managers, brokers and employees.

The new Healthy Sight Working for You initiative seeks to raise awareness of how vision care and vision wear options available through a vision benefit can help protect employees' healthy sight and enhance overall wellness and productivity.

Studies show that even slightly miscorrected vision can decrease performance on the job up to 20 percent.

"Today's employers are in a unique position to influence the health decisions their employees make, and to make sure they have vision in mind when allocating their health care dollars," said Pat Huot, business manager, managed vision care, Transitions Optical. "The Healthy Sight Working for You program serves as another great way for Transitions to encourage consumers to talk to their eye care professionals about taking the proper steps to see their best, both on and off the job, today and in the future."

Found at www.HealthySightWorkingForYou.org, the initiative's Web site features eye health information tailored for consumers/employees, HR professionals, brokers and vision plan providers.

The site explores how comprehensive eye exams can provide not only vision correction, but also early detection of eye and systemic disease—which can lead to significant cost savings for both employees and their companies. In fact, studies show that businesses can gain up to \$7 for every \$1 spent on vision

coverage.

Aside from offering eye health information for consumers, the site includes content for HR managers and brokers about how healthy sight can work to increase employee productivity.

With these and other issues in the spotlight, the Healthy Sight Working for You Web site provides guidance as to what employers should look for in a comprehensive vision plan.

Downloadable from the "Tools" section of the Healthy Sight Working for You Web site and also available on CD, the Vision Education Kit provides easy-to-use resources to help educate employees about the importance of healthy sight and of protecting their eyes daily, whether at work, at home or outdoors. Materials include:

- ❖ Eye Health 101 flyer about the value of vision care and vision wear
- ❖ Employee newsletters on topics such as UV and glare protection, progressive lenses and diabetes
- ❖ Healthy Sight Working for You poster that can be displayed in the workplace
- ❖ An envelope stuffer on UV and glare protection and computer vision syndrome, which can be included with paychecks or enrollment materials

Customizable versions of many of the tools found in the Vision Education Kit can be accessed by HR professionals through the Transitions Online Marketing Tool.





Shamir introduces authenticity card, revamps rewards program

At Vision Expo West, Shamir announced the launch of its Autograph® Authenticity Card program targeting patients purchasing its freeform lenses.

Shamir hopes the Autograph Authenticity Card will encourage patients to verify the authenticity of their Autograph® lenses and provide them with the tools necessary to care for their vision.

"We believe Shamir Autograph lenses are the finest lenses a person can buy, and we want this program to reinforce the quality and the importance of the purchase the patient has made," said Matt Lytle, vice president of marketing. "As a benefit of registering, we will send the patient information to keep them educated, interested and aware of vision issues and

news. This program will not only help the patient validate the authenticity of their Autograph lenses, but will also act as a helpful tool for them."

Patients who purchase Autograph lenses will receive the card when they pick up their spectacles.

They can then register their unique Autograph Authenticity Card number at www.registermyautograph.com to validate their lenses.

Once registered, Shamir will provide patients with tips to care for their lenses, new product information and coupons for future Shamir lens purchases.

"We want to start developing a one-on-one relationship with end users," said Lytle. "We want to get them to understand more about Shamir and also tie in the

doctor that sold them the lenses."

Shamir re-creates rewards program

The new ReCreating Perfect Vision® (RCPV) Rewards Program will give participants the opportunity to choose from a large range of prizes as well as provide additional opportunities to win monthly drawings.

"We've revamped the RCPV Rewards Program by shifting it to a points-based program," said Lytle.

"Currently the program issues only cash rewards, which was limiting our reach. With the new program, participants can opt to redeem points for cash and prizes. We will offer an eclectic mix of

prizes, from electronics, to clothing, to optical tools—even things that can't be found on the open market...it will be a very unique rewards program," he said.

Shamir's RCPV Rewards Program is open to all eligible eye care professionals who have enrolled and sell 15

pairs or more of any Shamir progressive lenses within one calendar year.

To sign up for the program, visit www.rcpvrewards.com.

For more information, contact Shamir's Sales and Client Services at 877-514-8330.

Ai Squared releases new screen magnifying software for computer users

Ai Squared, a provider of computer access solutions for the visually impaired, announced the release of the ZoomWare screen magnifier.

ZoomWare has an intuitive interface that is easy to learn and use, according to the company.

It's designed for those who squint at their computer screens, lean forward to read e-mails and view Web pages, or complain about eye fatigue.

"Using a screen magnifier can be easier on your eyes and reduce the symptoms of computer vision syndrome," said Derek Bove, Ai Squared sales specialist.

ZoomWare is intended to relieve the stress and strain of computer use by providing a boost of magnification up to two times.

The mouse pointer and

text cursor are adjustable, making them easier to find and follow on the screen.

Various screen tints help reduce glare and improve contrast, thereby enhancing the clarity of text and graphics.

"ZoomWare has it all—a fun, easy-to-use interface, adjustable color, view, pointer, and cursor enhancements, and affordability," said Scott Moore, director of marketing for Ai Squared. "ZoomWare provides the perfect boost of screen magnification for users of all age groups and computer usage."

The retail cost of ZoomWare software is \$149 for an electronic download or \$175 for a boxed shipment.

With ZoomWare's 20/20 Affiliate Program, patients referred by their optometrists will receive a 20 percent discount, and the referring

optometrist will receive a 20 percent commission.

Members of the program receive brochures with a personalized code on the back as well as a literature rack for display. The patients can purchase the software using the code and receive the discount.

"I've worked with Ai Squared products and recommended them to my patients for many years," said Douglas Wilson, O.D. "In the past, I didn't provide the software directly to my patients, but now with their new 20/20 Affiliate Program, they have made it very easy for a participating optometrist to become involved in providing the software."

To sign up for the program, visit www.aisquared.com/2020, e-mail 2020@aisquared.com or call 802-362-3612 and select option five.



Frame designer Kathryn Dabbs Schramm presents the Shrek and Friends collection.

LBI unveils Shrek line

LBI Eyewear unveiled its Shrek eyewear line at Vision Expo West in Las Vegas this month.

"Being the licensee for Shrek-inspired optical frames provides an exciting opportunity for our customers," said Keith Lehrer, CEO of LBI. "It's a universally recognized brand, appealing to parents and children alike, and has unparalleled marketing power."

The Shrek Eyewear Collection is designed to be a durable, well-fitting, comfortable and high-quality children's frame line based on the Shrek ogre character created by DreamWorks Animation.

LBI is also releasing a Shrek and Friends collection that will feature Shrek along with Princess Fiona, Donkey and other characters.

"We did little things to affect the fit, durability, comfort and quality of the eyewear," said Kathryn Dabbs Schramm, who designed the collections for LBI. "We looked at the depth of groove and used heavier gauge eyewire, and yet it's really, really cute."

"And the fact that Shrek is green fits in with our commitment to being environmentally friendly," said Lehrer. "We were the first to design a case with PET (polyethylene terephthalate) recyclable plastic. We use biodegradable poly bags, and our point-of-purchase stands, displays and cases are all biodegradable."

Wholesale prices for the frames range from \$39.95 to \$59.95 and come with a one-year unconditional warranty.

The collections will be available by the end of 2008.

For more information, visit www.lbi.biz.



MEETINGS

November

MASSACHUSETTS SOCIETY OF OPTOMETRISTS CE
November 9, 2008
Best Western Royal Plaza Hotel,
Marlborough, Massachusetts
Richard Lawless 508/875-7900
FAX: 508/875-0010
www.massoptom.org/events/
eventView.asp?EventID=23

VT /VISUAL DYSFUNCTIONS (OEP
CLINICAL CURRICULUM)
Optometric Extension Program
Foundation November 12-16,
Phoenix, AZ Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net
www.oep.org

WEST VIRGINIA OPTOMETRIC
ASSOCIATION ANNUAL
CONGRESS
November 13-16, 2008
Charleston Town Center Marriott,
Charleston, West Virginia
866/205-5897 exec@wvoa.com
www.wvoa.com

ARIZONA OPTOMETRIC
ASSOCIATION
2008 FALL CONGRESS
November 14-16, 2008
Hilton Sedona Resort and Spa,
Sedona, Arizona Jennifer Parker
602/279-0055 800/346-2020
FAX: 602/264-6356
Jennifer@azoa.org
www.azoa.org

CALIFORNIA OPTOMETRIC
ASSOCIATION
MONTEREY SYMPOSIUM
November 14-16, 2008
Monterey Convention Center,
Monterey, California
Tamalon Littlefield
916/441-3990, ext. 228
tlittlefield@coavision.org
www.montereysymposium.com

PRIMARY EYE INSTITUTE FOR
VISIONARY CLINICIANS
BUILDING A MEDICAL MODEL IN
DRY EYE DISEASE
Las Vegas, NV November 15,
Tracy Abel 866/379-6235
www.peivc.com

TEXAS OPTOMETRIC
ASSOCIATION
2008 EYECON
November 15-16, 2008
The Radisson Dallas Love Field
Dallas, TX
Jennifer Martinez Bell
512/707-2020
TOAJennifer@austin.rr.com

FLORIDA OPTOMETRIC
ASSOCIATION, IN CONJUNC-
TION WITH NOVA
SOUTHEASTERN UNIVERSITY
COLLEGE OF OPTOMETRY
2008 FLORIDA EYE SYMPOSIUM
November 22-23, 2008
Quorum Hotel Tampa, Tampa,
Florida
Kellie Webb
800/399-2334
kellie@floridaeyes.org
www.floridaeyes.org

PENNSYLVANIA OPTOMETRIC
ASSOCIATION
GLAUCOMA UPDATE 2008
November 23, 2008
Hershey Lodge, Hershey, PA
Ilene K. Sauertieg
717/233-6455
www.poaeyes.org

December

WEB 10: The Impact of Vision Loss
on Development
December 3, 2008 (viewable on
demand for 6 months [registration
required]) 800/829-0500
www.lighthouse.org

51ST ANNUAL MEETING
SOUTH CAROLINA OPTOMETRIC
ASSOCIATION
December 4-7, 2008
Marriott Resort and Spa, Hilton Head
Island, South Carolina
803/799-6721
www.sc-eyecare.org

AOA'S "BUILDING THE PAPERLESS
PRACTICE" ELECTRONIC HEALTH
RECORDS (EHR) SEMINAR.
Dec. 5-6 in Baltimore, Md.,
www.aoa.org.

VT/STRABISMUS & AMBLYOPIA
(OEP CLINICAL CURRICULUM)
Optometric Extension Program
Foundation December 4-7, 2008
Phoenix, Ariz. Theresa Krejci
800/447-0370
TheresaKrejciOEP@verizon.net
www.oep.org

DECEMBER "ANNUAL"
CONFERENCE
MAINE OPTOMETRIC
ASSOCIATION, INC.
December 5-7, 2008
Hilton Garden Inn, Freeport, Maine
207/626-9920
moa.office@maineeyedoctors.com
www.maineeyedoctors.com

PRIMARY EYE INSTITUTE FOR
VISIONARY CLINICIANS:
BUILDING A MEDICAL MODEL IN
DRY EYE DISEASE
Tampa, Fla. December 6, 2008
Tracy Abel 866/379-6235
www.peivc.com

NOVA SOUTHEASTERN
UNIVERSITY COLLEGE OF
OPTOMETRY
The Eye Care Institute Presents:
Fitting Specialty Contact Lenses
December 7, 2008
College of Optometry
Ft. Lauderdale, FL
Lorena Lizausaba, Coordinator
954/262-4224
oceaa@nsu.nova.edu
http://optometry.nova.edu/ce

January

PACIFIC UNIVERSITY COLLEGE OF
OPTOMETRY
2009 GLAUCOMA SYMPOSIUM
January 10, 2009
Willows Lodge, Woodinville, Wash.
Martina Fredericks 503/352-2207
frederim@pacificu.edu
www.pacificu.edu/optometry

UNIVERSITY OF CALIFORNIA,
BERKELEY, SCHOOL OF
OPTOMETRY 20TH ANNUAL
BERKELEY PRACTICUM
January 10-12, 2009
DoubleTree Hotel, Berkeley Marina,
Berkeley, Calif. Nyla Marnay
510/642-6547
FAX: 510/642-0279
optoce@berkeley.edu
http://optometry.berkeley.edu

EYE CARE ASSOCIATES
EDUCATIONAL CONFERENCE
January 10-11, 2009
Williamsburg, VA
Linda Cavazos
804/356-5165
Eca_linda@hotmail.com

ULTIMATE PRACTICE
MANAGEMENT
The Ultimate Practice Management
Conference V: Go for the Gold!
January 16-18, 2009
The Hollywood Beach Marriott,
Hollywood, Florida
Don Teig, O.D., F.A.A.O.
203/438-5855
Doc7ct@snet.net
www.ultimateeventslc.com

ARIZONA OPTOMETRIC
ASSOCIATION AZOA 34TH
ANNUAL INVITATIONAL
BRONSTEIN CONTACT LENS
SEMINAR January 22-25, 2009
Chaparral Suites Resorts, Scottsdale,
Jennifer Parker 602/279-0055
800/346-2020
FAX: 602/264-6356
Jennifer@azoa.org

OPTOMETRIC EXTENSION
PROGRAM FOUNDATION AND
THE INSTITUTE FOR BEHAVIORAL
OPTOMETRY 54TH ANNUAL
KRASKIN INVITATIONAL
SKEFFINGTON SYMPOSIUM ON
VISION (KISS)
January 24-26, 2009
Hyatt Regency Bethesda, Bethesda,

Md., Dr. Jeffrey Kraskin
202/363-4450 jlkraskin@rcn.com
www.skeffingtonsymposium.org

TROPICAL CE PLAYA DEL CARMEN
January 24-31, 2009
El Dorado Royale, Playa Del
Carmen
Stuart Autry 281/808-5763
John Ogden 281/900-8493
www.TropicalCE.com

PACIFIC UNIVERSITY COLLEGE OF
OPTOMETRY 2009 ISLAND EYES
CONFERENCE January 25-31,
Kauai Marriott Beach Resort, Kauai,
Jeanne Oliver
503/352-2740
Jeanne@pacificu.edu
www.pacificu.edu/optometry

February

MINNESOTA OPTOMETRIC
ASSOCIATION ANNUAL MEETING
February 5-7, 2009
Hyatt Regency Minneapolis,
Jessica E. Miller 952/841-1122
FAX: 952/921-5801
Jessica@mneyedocs.org
www.minnesootaoptometrists.org

DELAWARE OPTOMETRIC
ASSOCIATION WINTER THAW
CONTINUING EDUCATION
February 7, 2009
Embassy Suites, Newark, NJ
Troy Raber, O.D., 302/537-0234
www.deoa.org

TEXAS OPTOMETRIC
ASSOCIATION
109TH ANNUAL CONVENTION
February 12-15, 2009
Renaissance Austin Hotel
Jennifer Martinez Bell
512/707-2020
TOAJennifer@austin.rr.com

THE HEART OF AMERICA
CONTACT LENS SOCIETY
CONTACT LENS AND PRIMARY
CARE CONGRESS
February 13-15, 2009
Hyatt Regency-Crown Center
Kansas City, MO, Dr. Steve Smith
918/341-8211
registration@hoacsls.org
www.hoacsls.org

TROPICAL CE
ST. MAARTEN
February 14-21, 2009
Sonesta Great Bay Beach Resort &
Casino, St. Maarten,
Stuart Autry 281/808-5763
John Ogden 281/900-8493
www.TropicalCE.com

INDIANA OPTOMETRIC
ASSOCIATION OCULAR
PHARMACOLOGY SEMINAR
February 18, 2009
Ritz Charles Conference Center,
Carmel, Indiana 317/237-3560
www.ioa.org

AOA'S "BUILDING THE PAPERLESS
PRACTICE" ELECTRONIC HEALTH
RECORDS (EHR) SEMINAR.
Feb. 20-21, 2009,
San Francisco, Calif.
www.aoa.org

25TH ANNUAL PALM BEACH
WINTER SEMINAR
Palm Beach County Optometric
Association, February 20-22, 2009
PGA National Resort & Spa,
Palm Beach Gardens, Florida.
www.pbcoa.org

EYE SKI UTAH
23rd Annual Eyeski Conference
February 22-27, 2009
Park City, Utah
Tim Kime, O.D.
419/475-6181
tandbkime@buckeye-express.com
kkeyes@buckeye-express.com
www.eyeskiutah.com

March

SACRAMENTO VALLEY
OPTOMETRIC SOCIETY
21st Annual Ocular Symposium
March 1, 2009
Marriott Sacramento Rancho
Cordova Hotel
Rancho Cordova, California
jerryus@svos.info
www.svos.info

SECO INTERNATIONAL
SECO International 2009
March 4-8, 2009
Georgia World Congress Center,
Atlanta, GA
www.seco2009.com

TROPICAL CE AUSTRALIA
March 14-28, 2009
The Sebel Pier One - Sydney
Ayers Rock Resort - Uluru
The Outback Seat Temple (Gateway
to the Great Barrier Reef), Australia
Stuart Autry 281/808-5763
www.TropicalCE.com

April

CALIFORNIA OPTOMETRIC
ASSOCIATION IN AFFILIATION
WITH ARIZONA, HAWAII,
MONTANA, NEVADA AND UTAH
OPTOMETRIC ASSOCIATIONS
OPTOWEST 2009
April 2-5, 2009
Hyatt Grand Champions Resort,
Villas and Spas, Indian Wells, Calif.
Corrie Pelc
800/877-5738 ext. 237
FAX: 916/944-1423
cpelc@coavision.org
coavision.org

INDIANA OPTOMETRIC
ASSOCIATION 112TH ANNUAL
CONVENTION April 17-19, 2009
French Lick and West Baden Springs
Hotels, French Lick, Indiana
317/237-3560 www.ioa.org

ARKANSAS OPTOMETRIC
ASSOCIATION 2009 SPRING
CONVENTION
April 23-25, 2009
The Peabody Hotel, Little Rock, AR
Vicki Farmer 501/661-7675
FAX: 501/373-0233
aropt@swbell.net
www.arkansasoptometric.org

**To submit an item
for the meetings calendar,
send a note to
eventcalendar@aoa.org**

EHR seminar offers ODs, staff chance to leap ahead

If you knew you could save money and improve efficiency now, would you wait more than five years to take action — until you were forced to improve?

Many practitioners appear to be procrastinating on the implementation of Electronic Health Records (EHR) technology in their offices because the federal deadline for implementation isn't until 2014.

"My personal plan was to wait until the December 31, 2013 deadline to implement EHR in my own office," said Andrew Wiles, O.D. "I was so amazed at what EHR offers in production gains from office staff and the technological advances available to enhance patient care that I am now using one of the EHR systems in my own office."

Dr. Wiles attended the first EHR conference, last January.

Online registration is now open for the AOA's "Building the Paperless Practice: AOA's Electronic Health Records

Seminar," Dec. 5-6, 2008, at the new Hilton Baltimore in Baltimore, Md.

Optometrists and staff can register for the conference at www.aoa.org/paperless.xml. The first conference sold out; ODs are urged to register early.

Because selection, implementation and management of an electronic health records system will affect the entire optometric practice, the AOA encourages paraoptometric staff to attend one of the upcoming EHR seminars.

To encourage office staff to attend, the AOA defines all practice staff as paraoptometric staff. Those who are not members of the AOA Paraoptometric Section are eligible for the member rate of \$325 if their OD employer is a member of the AOA.

Presentations will cover what ODs need to know to comply with federal standards and how health information technology may affect future reimbursement.

Other presentations will cover all aspects of implementing electronic health



records (EHRs) in a practice, interoperability and security issues related to EHR products, and guidance on what to consider when investing in EHR and e-prescribing products, as shared by experienced optometrists who have already adopted health information technology.

Program highlights will include:

- ❖ **Federal Update:** Col. Francis L. McVeigh (Ret.), II, O.D., M.S.
- ❖ **Implementation:** Scot Morris, O.D.
- ❖ **EHR System Selection, Product Analysis:** Kelly Kerkick, O.D.
- ❖ **Selection: Hardware**

and Other Considerations:

Kim A. Castleberry, O.D.,

❖ **Implementation: Integration/Managing the Personality of Change:** Philip J. Gross, O.D.

❖ **E-prescribing:** Dr. McVeigh

❖ **Implementation: The Human Element:** Dr. Morris.

Vistakon®, Division of Johnson & Johnson Vision Care, Inc. has generously agreed to provide a grant to be a Global Sponsor of the AOA's Electronic Health Records seminars.

Vistakon's support helps the AOA continue to address the practice management needs and help streamline the

efficiency of optometric practices' EHR technology and ultimately help practitioners provide better patient care.

Panel sponsors of the program are:

- ❖ Compulink
- ❖ EMRlogic Systems, Inc.,
- ❖ EyeCodeRight Online,
- ❖ First Insight Corporation,
- ❖ OfficeMate Software Solutions, Inc.

A mini-exhibit hall will allow optometrists and office staff to talk with vendors about their specific needs.

The above panel sponsors, Compulink, EMRlogic Systems, EyeCodeRight Online, First Insight Corporation and OfficeMate Software Solutions, will be featured in the seminar's exhibit hall.

Additional exhibit hall sponsors include: Carl Zeiss Meditec, Marco, QM Systems, LLC, Topcon Medical Systems, Inc., and VersaSuite – Integrated Healthcare Solutions

Another EHR conference will be held Feb. 20-21, 2009, in San Francisco.

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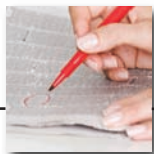


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Challenges**

California Prison Health Care Services was created to restore a constitutional level of health care for the 170,000 inmates in California's correctional facilities. Providing quality care for people who previously had no voice in their own care is a noble cause and epic in scope. It requires individuals with an exceptional dedication to their profession and their patients.

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Full-time and Part-time positions exist statewide

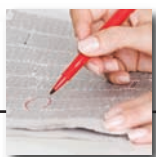
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EOE.



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www.ChangingPrisonHealthCare.org



SHOWCASE



University of Alabama at Birmingham School of Optometry

RESIDENCY POSITIONS AVAILABLE

Positions are available in each of our in-house residency programs in Cornea and Contact Lenses, Family Practice Optometry, and Pediatric Optometry to commence July 2009. Salary for each position is \$37,644.00. Applicants must possess an O.D. degree from an accredited professional optometric program and must have passed Parts I, II, and III of the NBO.

Additional residency positions are available at our affiliated programs: Ocular Disease at Omni Eye Services of Atlanta; Ocular Disease at Vision America of Birmingham; Hospital-Based / Primary Care Optometry at the Tuscaloosa, AL VAMC; and Geriatric and Low Vision Rehabilitative Optometry at the Birmingham VAMC.

Deadline for ORMS application (www.optometryresident.org) is February 1, 2009. Requests for additional information should be addressed to:

Lisa L. Schifanella, O.D., M.S.
School of Optometry
University of Alabama at Birmingham
Birmingham, Alabama 35294-0010
lschif@uab.edu

Equal Opportunities in Education and Employment



New England Eye Institute Invites Applications for Professional Staff Appointments

The New England Eye Institute (NEEI), the clinical system of The New England College of Optometry (NECO), invites applications for professional staff members to serve as attending optometrists and clinician educators within NEEI's community health center affiliate locations. We are seeking optometrists who have a keen interest and experience in community health and clinical teaching.

Our mission is to improve the visual health of populations through excellence in collaborative and community-oriented patient care, service, education, and research.

A NEEI optometrist is a highly qualified doctor of optometry and clinician-educator who works in a dynamic team-oriented, multidisciplinary non-profit eye care network serving the visual health needs of populations in greater Boston. NEEI attending optometrists are also faculty and receive adjunct teaching appointments with NECO, and thus will have opportunity to advance both our service and teaching missions.

Network opportunities are now available at our newest community health center affiliates. Required qualifications include an OD degree, advanced professional credentials such as residency training or equivalent clinical experience, eligibility to be licensed in Massachusetts, appropriate credentials for a faculty appointment and an active commitment to excellence in patient care and teaching.

We offer very competitive market rate salary and benefit packages. Start dates for these appointments will vary, ranging from March 1, 2009 – July 1, 2009. Applicants should submit a letter of interest and curriculum vitae by January 31, 2009 to:

Roger Wilson, O.D.
Vice President, Health Center Programs
New England Eye Institute
940 Commonwealth Avenue, Suite 2
Boston, MA 02215-1203
617.587.5511 ext. 5198
wilsonr@neco.edu
www.newenglandeye.org



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AEA Optometric Cruise Seminars 2009

Eastern Caribbean, 1/25-2/1/09, *Crown Princess*®. Ft. Lauderdale, Princess Cays, St. Maarten, St. Thomas, Grand Turk, Ft. Lauderdale. From \$659. Speaker: Timothy McMahon, OD.

Classic Southern Caribbean, 2/15-2/22/09, *Caribbean Princess*®. San Juan, Barbados, St. Lucia, Antigua, Tortola, St. Thomas, San Juan. From \$909. ~ **President's Day** ~. Speakers: Janet Betchkal, MD & Rick Bendel, MD

Eastern Caribbean, 3/14-3/21/09, *Disney Magic*®. Port Canaveral, St. Maarten, St. Thomas, Castaway Cay, Port Canaveral. From \$1169.00 ~ **Spring Break with Disney!** ~ Speaker: Louise Sclafani, OD.

Westbound Transatlantic Crossing, 5/25-5/31/09, *Cunard Queen Mary 2*®. Southampton to New York. Premium balconies from \$1752. ~ **Memorial Day** ~

Western Caribbean, 6/27-7/4/09, *Disney Magic*®. Port Canaveral, Key West, Grand Cayman, Cozumel, Castaway Cay, Port Canaveral. From \$1549 ~ **4th of July with Disney!** ~ Speakers: Kelly Nichols, OD & Jason Nichols, OD.

Eastern Caribbean/Bermuda, 6/29-7/8/09, *Caribbean Princess*®. New York City, Bermuda (West End), San Juan, St. Thomas, Grand Turk, New York City. From \$1329 ~ **4th of July** ~ Speaker: Joseph Pizzimenti, OD.

Gulf of Alaska, 6/29-7/6/09, *Coral Princess*®. Vancouver, Ketchikan, Juneau, Skagway, Glacier Bay National Park, College Fjord, Anchorage. From \$1009 ~ **4th of July** ~ Speaker: Scot Morris, OD.

Hawaii, 7/4-7/11/09, *NCL Pride of America*®. Honolulu, Maui, Hilo, Kona, Nawiliwili, Honolulu. From \$1409 ~ **4th of July** ~ Speakers: Barry Eiden, OD & Carol Barron, OD.

Classic Grand Mediterranean, 7/15-7/27/09, *Ruby Princess*®. Barcelona, Monte Carlo, Florence/Pisa, Rome, Naples/Capri, Mykonos, Istanbul, Kusadasi, Athens, Venice. From \$2240 Speaker: Paul Ajamian, OD.

Blue Danube Discovery River Cruise, 7/20-7/27/09, *Amadeus Waterways Amadante*®. Budapest, Bratislava, Vienna, Durnstein-Melk, Linz-Passau, Regensburg, Nuremberg. Optional 2 night pre-cruise stay in Budapest and/or 3 night post-cruise stay in Prague. Cruise fare INCLUDES wines w/ dinner and most shore excursions! From \$2299 cruise only. Speaker: Robert Wooldridge, OD.

Mediterranean, 7/27-8/3/09, *MSC Splendida*®. Barcelona, Tunis, Malta, Messina, Civitavecchia (Rome), Genoa, Marseille, Barcelona. **KIDS 17 AND UNDER SAIL FREE AS 3rd & 4th IN A CABIN**. From \$1299 Speaker: Harue Marsden, OD.

Mexico Riviera, 9/24-10/3/09, *Silversea Silver Shadow*®. Los Angeles, Ensenada, Mazatlan, Puerto Vallarta, Cabo San Lucas, San Diego, Los Angeles. **All suites, all inclusive fares include gratuities and all wines & spirits**. From \$3297.

Western Caribbean, 2/13-2/20/10, *Crown Princess*®. Ft. Lauderdale, Grand Cayman, Roatan, Cozumel, Princess Cays, Ft. Lauderdale. ~President's Day~ From \$919.

Panama Canal Adventurer, 2/18-2/28/10, *Island Princess*®. Ft. Lauderdale, Ocho Rios, Panama Canal, Panama City, Puteranas, San Juan del Sur, Puerto Quetzal, Huatulco, Acapulco. From \$1619.

Southern Caribbean Explorer, 2/28-3/7/10, *Caribbean Princess*®. San Juan, Aruba, Bonaire, Dominica, St. Thomas, San Juan. From \$769.

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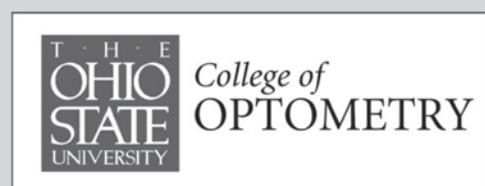
SHOWCASE

The Ohio State University College of Optometry Tenure-Track Faculty Position

The College of Optometry at The Ohio State University invites applications for a tenure-track faculty appointment. Applicants at all career levels are encouraged to apply. Depending on qualifications, an appointment may be made at the assistant, associate, or full professor level. Research and teaching interests may be in any aspect of vision science in the broadest sense, whether basic, clinical, or translational in approach. Significant emphasis will be placed on potential for obtaining external funding for research and for contributing to the academic mission of the College.

The Ohio State University has the nation's most comprehensive health sciences center including the Colleges of Dentistry, Medicine, Nursing, Optometry, Pharmacy, Public Health, and Veterinary Medicine. In addition the campus houses disciplines related to vision science including the Colleges of Mathematical and Physical Sciences, Engineering, and Social and Behavioral Sciences. Collaboration across disciplines is actively encouraged. The College of Optometry offers a collegial environment with an excellent faculty engaged in an expanding program of externally funded research in a new research facility alongside a progressive optometric professional program. A competitive salary and start-up funds are negotiable commensurate with qualifications and needs.

Applicants should submit electronic versions of a current curriculum vitae, statement of research and teaching goals, and the names and addresses of three references by **December 15, 2008** to:



Donald O. Mutti, OD, PhD,
dmutti@optometry.osu.edu
Chair, Faculty Search Committee
The Ohio State University
College of Optometry
338 West 10th Avenue
Columbus, OH 43210-1240

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LOCATION: Dallas, Texas
CLIENT GROUP: Customer Development

POSITION PURPOSE:

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- Change management
- Business Results

Responsible for Essilor Dispensary

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- Growth strategies and execution
- Development of team

Partner with other functional areas to leverage resources and maintain focus on business critical issues and business results.

EDUCATION AND QUALIFICATIONS:

- OD preferred
- 5+ Years related optical/training experience
- 3+ Years experience in project management managing a functional/business unit curriculum
- 3+ Years Dispensary management experience
- Strong written and verbal communication and presentation skills
- Excellent stand up skills
- Demonstrate strong project and change management experience
- Strong business acumen
- Proficient in Microsoft Office – Word, excel, PowerPoint
- Travel is required

COMPETENCY REQUIREMENTS:

- **Setting Direction**
 - Aligns own work with company business direction
 - Ensures short-term activities support long-term business direction
 - Stays current by seeking market and industry knowledge in varied ways
- **Continuous Improvement**
 - Displays a commitment to excellence
 - Embraces change in the work environment
 - Develops innovative/creative ideas and solutions
- **Business Acumen**
 - Gathers required data to make good decisions
 - Uses intuition and experience to complement data
 - Clarifies key issues in complex situations
- **Action Orientation**
 - Manages competing demands
 - Prioritizes work activities and stays on track
 - Uses resources effectively and prudently
 - Demonstrates appropriate urgency and passion
 - Delivers on commitments; on time & on budget
- **Communication**
 - Demonstrates excellent written and oral communication skills
 - Uses appropriate communication methods & channels
 - Shares information and learning's with others
- **Customer Focus**
 - Demonstrates knowledge of customer's business
 - Anticipates possible customer needs and offers solutions
 - Seeks customer feedback to improve products and services
 - Builds productive customer relationships
- **Employee Development**
 - Implements personal development plan to grow skills
 - Seeks and accepts feedback
 - Picks up on the need to quickly change personal behavior
- **Team Contribution**
 - Demonstrates enthusiasm and a positive attitude
 - Volunteers to help others succeed
 - Shares resources to achieve team goals
 - Solicits input and involves others to achieve team goals

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SHOWCASE



MIDWESTERN UNIVERSITY ARIZONA COLLEGE OF OPTOMETRY New Faculty Positions Announcement

Midwestern University provides undergraduate, graduate, and post graduate education in the health sciences on its campuses in Downers Grove, Illinois and Glendale, Arizona. The University excels by providing an interdisciplinary learning environment for students in a variety of health care disciplines, including osteopathic medicine, pharmacy, dentistry, podiatry, occupational therapy, physician assistants and other health science professions. With the founding of its newest college, the Arizona College of Optometry anticipates admitting its inaugural Doctor of Optometry class in September 2009.

The Glendale, Arizona Campus, located 15 miles northwest of downtown Phoenix, is 145 acres with state of the art facilities in a peaceful setting.

Position Title: Full- time tenure track positions

Responsibilities: The candidates are expected to teach courses and/or laboratories in one or more of the following areas: geometric and physical optics, ophthalmic optics, visual science, biostatistics and research methods, ocular immunology and genetics, general and ocular pathology, primary eye care procedures, general and ocular pharmacology, contact lenses, low vision, vision therapy, sports vision, prosthetic eyes, public health, and legal aspects. Candidates must be willing to actively participate in curricular assessment, professional development, student counseling and service activities within the college, university and the community. Successful candidates are also expected to be involved in research and scholarly activities. There are also opportunities for those faculty members interested in part-time patient care.

Qualifications: Candidates must have a PhD, OD/MS, OD/ Ph.D., or OD/ Residency. Preference will be given to candidates with established research and publications activities, although candidates with promising research programs are also encouraged to apply. The University provides start-up funds for new faculty researchers.

Salary: Salary and rank will be commensurate with qualifications and experience.

Application: Review of applications will begin October 1, 2008 and continue until the positions are filled. The candidates must submit a letter of application outlining interest in the position, indicating areas of teaching interest, curriculum vitae, and the names and contact information of at least three professional references. The materials may be submitted in paper or electronically to:

Héctor C. Santiago, OD, PhD, FAAO
Dean, Midwestern University
Arizona College of Optometry
19555 N. 59th Avenue • Glendale, Arizona 85308
By email: hsanti@midwestern.edu

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SOUTHERN COLLEGE OF OPTOMETRY



Clinical Chief of Service, Visual Function & Rehabilitation

Southern College of Optometry is searching for a highly qualified individual to apply for this full-time position which is available immediately. The Clinical Chief of Service, Visual Function & Rehabilitation (VFRS), is responsible for student education and standard of patient of care provided in this service area at The Eye Center at SCO. The Chief of Service assists the Chief of Staff and Director of Clinical Operations in clinic operations and reports to the Chief of Staff.

The first Chief of VFRS will have the unique responsibility of implementing the combining of the Vision Therapy Service and Low Vision/ Rehabilitation Services into a new center of excellence in the areas of Visual Function and Visual Rehabilitation. This new service area will serve all ages of individuals in need of therapeutic, rehabilitative and/ or functional enhancement of the visual system. The Chief will oversee all operational aspects of the program, including faculty recruitment, conducting meetings, and setting operational goals.

The successful candidate should demonstrate a pattern of clinical accomplishment in this field as well as proven leadership in clinical optometry. The successful candidate should express a vision for developing this new service area at The Eye Center. Individuals should possess ability to maintain the standard of excellence for which SCO is noted. An OD degree is required, with additional advanced degrees preferred.

This position offers the opportunity to contribute to optometric education while providing clinical excellence and leadership in the formation of this new program. The Search Committee will review all applications and initiate the interview process in fall 2008 or as soon as possible.

Applications, four letters of reference, curriculum vitae and any supportive materials should be submitted to:

Richard W. Phillips, OD
President

Southern College of Optometry
1245 Madison Avenue, Memphis, TN 38104-2222
rphillips@sco.edu

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INFORMATION OPTIONS:

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E-MAIL:
tandbkime@buckeye-express.com

WRITE:
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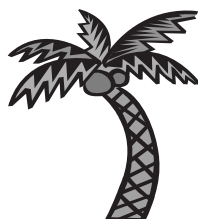
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- Postmarked by January 24, 2009
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SHOWCASE

SOUTHERN COLLEGE OF OPTOMETRY



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Director for Clinical Programs

Southern College of Optometry is searching for a highly qualified individual to apply for this full-time position. The Director for Clinical Programs is the chief administrator of The Eye Center at SCO and is responsible for its overall management including patient care, quality assurance, finance, and marketing. The Director is also responsible for implementing the clinical component of the optometric curriculum. The Director works in concert with the Vice President for Academic Affairs regarding the scheduling of the didactic and clinical programs and in the assignment of faculty responsibilities. The Director will also hold an academic appointment and faculty rank.

The successful candidate must have a record of significant clinical achievement, proven leadership in providing health care services, and demonstrate a successful pattern of providing financial management. The successful candidate should be a visionary, capable of leading an outstanding clinical program to meet the challenges of the future practice of optometry. Individuals must possess the capability to incorporate change into curriculum as needed, while maintaining the standard of excellence in clinical education for which the college is noted. An OD degree is required, with additional advanced degrees preferred. The Director for Clinical Programs reports directly to the President of the College.

Southern College of Optometry has a long established reputation for excellence in clinical practice, and attracts outstanding students from throughout the country. This is an outstanding opportunity to help lead a prestigious institution in its effort to prepare men and women for highly successful practices in the art and science of optometry. The Search Committee will review all applications and initiate the interview process in fall 2008. Applications, four letters of reference, curriculum vitae and any supportive materials should be submitted to:

Richard W. Phillips, OD
President

Southern College of Optometry
1245 Madison Avenue, Memphis, TN 38104-2222
rphillips@sco.edu

Associate Dean Practice of Optometric Medicine

The mission of the Pennsylvania College of Optometry at Salus University is to graduate Doctors of Optometry and offer other educational, research, and patient care programs responsive to the health care needs of the public. To assist us in our goals, we are seeking candidates for the position of Associate Dean for the Practice of Optometric Medicine.

This Associate Dean is responsible for the leadership and administration of the curriculum associated with preparing optometry students to gain the knowledge, skills and values necessary for the clinical practice of optometric medicine. This includes the Traineeship Program, the Internship Program, the Externship Program and the Residency/Fellowship Program each managed by a Director reporting to the Associate Dean. Collaboration with these Directors and with the Foundations of Optometric Medicine Department will focus on student assessment and outcomes related to the learning objectives within the optometry curriculum.

The Associate Dean for the Practice of Optometric Medicine is responsible to the Dean of Optometry. The University seeks an individual that is dedicated to excellence, innovation and progressive curriculum development. The successful candidate must have a Doctor of Optometry degree and be licensed or license eligible in Pennsylvania. Candidates will be considered based on their demonstrated leadership and ability in clinical education, primary eye care, academic administration, learning assessment, scholarship and service. This is a tenure track position offering a comprehensive benefits package and competitive salary. **Deadline for application is January 15, 2009.** Please send CV to:

Salus University
Human Resources Director
8360 Old York Road
Elkins Park, PA 19027
Email: hrd@pco.edu



Broward County Optometric Association 25th Anniversary

GOLD COAST EDUCATIONAL RETREAT

Saturday/Sunday, January 24-25, 2009

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Joseph Sowka, OD, FAAO – *retina and detecting glaucomatous progression*

Steven Newman, OD – *nutrition and health*

Jeffrey Gilbard, MD, FAAO – *dry eye*

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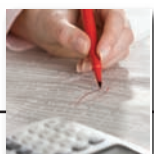
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How would you like to donate your outdated equipment to a worthy cause and receive a tax deduction at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.

Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. Information about IMEC is available at www.imecamerica.

The most desirable items that programs in developing countries need are: Trial lens kits, battery powered hand scopes, assorted pliers and optical tools, hand stones for edging glass lenses, uncut lenses (both SV and BF), manual lensometers, phoropters, lens clocks, color vision tests, keratometers and biomicroscopes.

This list is certainly not complete but gives an idea of some of the basic needs these developing programs can benefit from. All items may be shipped directly to: VOSH INTERNATIONAL C/O IMEC 1600 Osgood Street North Andover, Mass. 01845

Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email jaforre@comcast.net and voshinternational@comcast.net.

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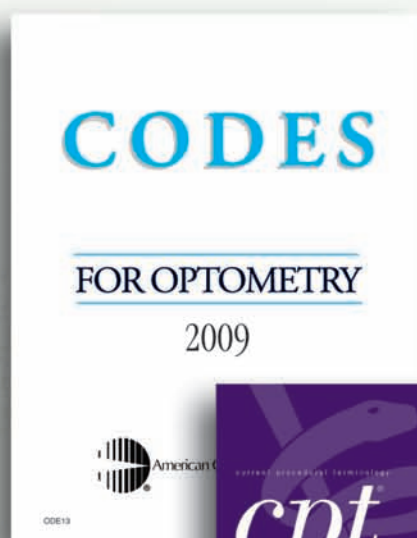
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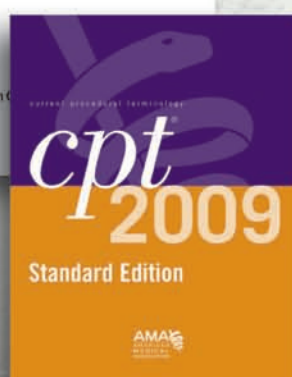
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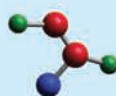
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